

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013844

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Joachim township TOWN Joachim township			c. CITY OR TOWN Ste. Genevieve, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial			Length of stay in lb 3 days		d. STREET ADDRESS Route 2
3. NAME OF DECEASED (Type or print) First Valentine Middle J. Last Herzog			4. DATE OF DEATH Month 4 Day 24 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-9-1899		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY BLOOMSDALE MO		11. BIRTHPLACE (City and state or country) USA
13. FATHER'S NAME LAWRENCE HERZOG			14. MOTHER'S MAIDEN NAME ZALIE THOMORE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 492-45-0800		17. INFORMANT Hilda Herzog Ste. Genevieve Mo
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Angina Pectoris DUE TO (c) None PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None					INTERVAL BETWEEN ONSET AND DEATH 30 minutes 1 month
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201		
20c. TIME OF INJURY Hour 6:48 a. m. A-M Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Crystal City, Mo	
21. I attended the deceased from April 21 to April 24, 1959 and last saw him alive on April 24, 1959 Death occurred at 6:48 A-M m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. Maffield, M-D.			22b. ADDRESS Crystal City, Mo		22c. DATE SIGNED April 24, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/27/59		23c. NAME OF CEMETERY OR CREMATORY ST PHILIPINA	
24. FUNERAL DIRECTOR Sec. Barker Ste. Genevieve Mo		ADDRESS 4-28-59		25. DATE RPOD. BY LOCAL REG. 4-28-59	
26. REGISTRAR'S SIGNATURE James A. Rigdon		27. LOCATION (City, town, or county) (State) BLOOMSDALE MO			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

lib, office, vice

00 56

0 diseases in Part I must be causally related. Embaler cannot certify to a death due to natural causes.

MAY 12 1959

MAY 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William J. Allen*
.....

Licensed Embalmer No. *4*

P. O. Address *Le B...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.